

# The New Quality Assurance Standard of the Joint Commission on Accreditation of Hospitals

JOHN E. AFFELDT, MD, Chicago

*The Joint Commission on Accreditation of Hospitals (JCAH) has continuously emphasized improvement in the quality of care provided in hospitals as the central purpose of the accreditation process. In striving to assure such improvement, the JCAH has stressed the need for, and the responsibility of, the medical and other professional staffs to provide continuing review and evaluation of patient care. In recent years, quality assessment activities have evolved, proliferated and matured to the extent that they require a purposeful integration if they are to effect sustained improvement in patient care and clinical performance. To assist hospitals in the coordination or integration of quality assessment activities, the Board of Commissioners of the JCAH has approved an important new quality assurance standard.*

*Significant requirements of the new standard are a comprehensive quality assurance program, a written plan, a problem-focused approach to the review and evaluation of patient care and clinical performance, an annual reassessment of the program, and an improvement in patient care or clinical performance. The new standard reflects the JCAH belief that an integrated, problem-focused approach to quality assurance will significantly improve the quality of care provided throughout a hospital. Such an approach recognizes the interdependence of hospital departments and services in the provision of patient care, and, therefore, requires a purposeful integration or coordination of quality assessment data and activities. Consequently, quality assessment data may be utilized effectively and efficiently, and many potentially useless or duplicative quality assessment activities can be eliminated. The new standard affords hospitals considerable flexibility in the manner in which they implement and administer the program and encourages innovation.*

IN AN EFFORT to upgrade the level of care provided to patients in this country, hospitals and

Dr. Affeldt is president of the Joint Commission on Accreditation of Hospitals, Chicago.

Reprint requests to: John E. Affeldt, MD, Joint Commission on Accreditation of Hospitals, 875 North Michigan Avenue, Chicago, IL 60611.

organized health programs voluntarily participate in surveys conducted by the Joint Commission on Accreditation of Hospitals (JCAH). These surveys, which are based on standards representing a broad-based, consensus approach to quality assurance, focus on the organized efforts of a

hospital's authorities and staff to assure the provision of quality medical care and on the physical safety of the facility's buildings and grounds.

When the JCAH was formed in 1951, its initial efforts were aimed at establishing and maintaining "minimal standards" for patient care. During the 1970's, however, the emphasis has shifted to attainment of the "optimal achievable" in care provided. To meet this goal, the JCAH develops and revises standards based on "an identifiable need to measure or enhance the quality of a particular aspect of care or service."<sup>1</sup> These standards have certain characteristics: "They are valid, that is, they relate to the quality of care or services provided; they are optimal, reflecting the highest state of the art; they are achievable, meaning that compliance with them has been demonstrated in an existing facility; and, compliance with them is measurable."<sup>1</sup>

The standards, of course, are useful only to the extent that health care institutions utilize them appropriately in self-study and that JCAH surveyors apply them in accreditation visits. Furthermore, accreditation indicates that a health care facility has the capability to provide quality care and that this capability was documented during the course of the survey and consultation process. Both providers and consumers who utilize accreditation as a reference for selecting hospitals must understand this important distinction.

### Evolution of Quality Assurance

Throughout its history, the JCAH has encouraged multiple approaches to the review and evaluation of patient care provided in hospitals and other health care facilities. Until the late 1960's, accreditation surveys focused on hospital board organization and functions, medical staff membership and organization, qualifications of other health care personnel, effectiveness of support services, and completeness and accuracy of medical records. Surveyors, through their discussions with hospital staff members and their examinations of selected medical records and committee minutes, gained insight into certain aspects of patient care. Their ability to secure an overall picture of the outcome of that care, however, was limited.

With the advent of the 1970's, business, industry, government agencies and third-party payors became increasingly concerned about both the utilization and quality of services provided by health care facilities. In accordance with the

growing movement toward continuing education, utilization review and cost effectiveness, the JCAH began to strengthen measures for quality assessment. In 1972 the JCAH presented the assessment model later called PEP (the Performance Evaluation Procedure for Auditing and Improving Patient Care), or "audit." John D. Porterfield, MD, then director of the JCAH, defined audit as follows: "It is oriented toward outcomes, uses the screening and pattern technique with specific criteria, analyzes the cause of clinically unjustified variations, proposes the remedy and deals in units that anticipate not large but specific change."<sup>2</sup> Audits were expected to provide results for structuring continuing education programs, delineating clinical privileges, and improving use of staff and resources. A few audit proponents even claimed that audit would negate the need for review committees (such as tissue, antibiotic, blood, and medical record committees). Experience quickly showed these committees would continue to be needed.

To ensure use of the audit methodology in review of patient care, the JCAH established an audit requirement and later specified the number of audits to be completed annually. The federal Professional Standards Review Organization (PSRO) program subsequently agreed to adopt similar numerical requirements and avoid duplicative or conflicting requirements.

### New Directions in Quality Assurance

Although the objectives of audit are desirable and many hospital staffs have successfully completed audits that have been useful in analyzing patterns of care and in educating practitioners, audit has often been regarded by physicians as tedious, costly and nonproductive. Efforts to meet audit requirements have too frequently been a matter of paper compliance, with heavy emphasis on data collection and few results that can be used for follow-up activities. In the shuffle of paperwork, hospitals often lost sight of the purpose of the evaluation study and, most important, whether change or improvement occurred as a result of audit.

Following survey findings and research that indicated that patient care and clinical performance had not improved to the extent anticipated, the Board of Commissioners of the JCAH in 1978 directed staff to examine alternative methods for assessing the quality of care in hospital settings. After an extensive review of the literature and

discussion with many professionals involved in quality assessment activities across the country, a broadened approach to quality assurance was proposed. A new standard was developed and tested, and then approved by the Board of Commissioners in April 1979, with the understanding that there would be sufficient lead time before its application to the accreditation decision process. This will allow the JCAH to complete training of surveyors and orientation of hospital staffs and give hospitals an opportunity to begin coordinating existing review and evaluation activities. The standard, which was published in the 1980 edition of the *Accreditation Manual for Hospitals* released in August 1979, will be used by the surveyors for consultation purposes until it becomes effective for accreditation decision purposes on January 1, 1981.

In addition to approving the new quality assurance standard, the Board of Commissioners of the JCAH also eliminated the numerical requirement for patient care audits, effective April 1979. This does not imply any lessening of interest or support of audit as a valuable tool for evaluating patient care. Rather it reflects a shift from an emphasis on numerical requirements to a broader and more flexible approach to quality assurance that includes audit as a more comprehensive quality assurance program.

### **Elements of the New Quality Assurance Standard**

The primary aim of the new quality assurance standard is to shift emphasis from method to results, from diagnosis-specific audits to hospital-wide, problem-focused reviews that build on current hospital activities and strengthen the coordination and integration of overall quality assurance activities. Audit, without the associated numerical requirements, remains a recognized and useful assessment tool, but now should be coordinated with other appraisal tools that can be used to solve identified problems in patient care and clinical performance.

By giving hospital staffs more flexibility in the selection and identification of problem areas and in the performance of studies in these areas, the JCAH believes that both the study process and results will have greater impact on patient care. In keeping with this approach, the JCAH will examine the following elements of the new standard to verify the effectiveness of quality assurance programs:

- The integration or coordination of all quality assurance activities into a comprehensive program;
- A written plan for the program;
- A problem-focused approach to review;
- Annual reassessment of the program, and
- Measurable improvement in patient care or clinical performance.

### *Integration or Coordination of All Quality Assurance Activities*

The intent of the new standard is to preserve and expand the variety of effective quality review efforts being carried out in the hospitals by physicians, nurses and allied health professionals. The new standard is also intended to encourage productive interrelationships and coordinated efforts so that duplication of activities will be minimized; planning and communication will be enhanced, both in execution of studies and in follow-up of results; and costs and paperwork involved in completing the studies will be reduced.

In an effort to improve care in their individual departments, the professional disciplines in many hospitals had developed their own separate studies. Except through informal communication, no means existed for coordinating and linking these studies or for ensuring that corrective actions would be implemented throughout the facility. The new standard will offer hospitals the opportunity to utilize staff and resources more effectively in carrying out quality assurance efforts.

The JCAH believes that hospitals will welcome the idea of integrating or coordinating quality assurance activities into a single, comprehensive program. In larger medical centers with large, almost autonomous departments, problems with integration or coordination may occur. Surveyors will need to recognize the problems of these large departments and help hospital managers develop ways of coordinating activities.

In using the new standard, hospitals will continue to rely on the medical record as a major source of information for problem-related studies, but they will have wider latitude in choosing other problem-identification sources related to patient care. These sources could include morbidity-mortality studies; monitoring activities (medical and other professional staffs); findings of hospital committees; review of prescriptions; hospital profile data (PSRO and other regional data); process and outcome studies; incident reports (safety and clinical care); review of laboratory, radiologic

and other diagnostic reports; financial data (hospital charge data and liability claims); utilization review findings; staff interviews; patient surveys and comments; and data from third-party payors.

### *Written Plan*

For its own use as well as that of the surveyors, a hospital will be required to have a written plan describing the overall organization of the quality assurance program. The written plan should answer these questions: Who has responsibility for the overall management of the quality assurance program? Who is accountable for determining that meaningful problem-focused studies are carried out and the results communicated in a timely fashion to appropriate medical and other health care professional staff and to management and the governing board? What methods will the hospital use to ascertain that its quality assurance program is being utilized effectively to examine problem areas that touch on all services and health care personnel? What methods will the hospital use to determine annually that its quality assurance program is consistent with its written plan and comprehensive enough to assure that identified problems in patient care are being studied and effectively resolved? If the hospital is now meeting JCAH quality assurance requirements, developing and implementing the written plan should not require additional personnel. Several of the hospitals that participated in the developmental stage of the new standard identified a person or committee (or both) within their current organization who, with some modification of responsibilities, could supervise and carry out the new approach. They speculated that costs incurred in implementing the written plan would be minimal, compared with benefits gained through the new approach, and that credit would now be given to continuing patient care review activities previously not recognized in an accreditation survey.

### *Problem-Focused Approach*

The advantage of the audit methodology, with its retrospective focus, is that it looks at the results of diagnostic-specific treatment or therapy processes by analyzing patterns or developing data profiles. Carefully developed and completed studies are quite useful in helping practitioners examine patient care problems and are especially helpful in designing educational efforts to change practice patterns. The new standard not only

recognizes the value of audit for those who use it, but also recognizes the value of other methods of review to effect changes in future health care services.

The new standard requires a basic, problem-solving approach: First, problems must be identified and priorities for problem-solving established. What problems does a hospital want to study and why? Second, which of the problems listed are most important or critical to improving or maintaining quality of care, and which will have the most benefit in terms of dollars or effort expended? In other words, the standard helps in setting priorities. Third, what are the dimensions of the problems? Can they be studied, and do they touch upon major services and practitioners? Are resources available to resolve these problems? Fourth, what are the sources of criteria? If they are to be valid benchmarks against which to measure results, should they be developed locally or adapted from standards of practice established by professional organizations or research studies? Finally, what actions should be taken to resolve the problems?

### *Measurable Improvement*

The review process will not be considered complete unless steps are taken to implement and follow up corrective action. The use of a basic problem-solving approach that utilizes multiple sources for identifying problems adds to a hospital's flexibility in resolving problems. Problem resolution may include development of specific education programs on given procedures and verification that staff benefited from these programs. Medical staff privileges or functions of other health care personnel may be more carefully defined, limited or enlarged under certain conditions. Policies or procedures may be changed or staffing reallocated to bring about higher quality performance. Through various committees, the results of these actions can then be monitored to determine whether the problem was actually corrected or if it reappeared in several months.

### **Communication of Results**

One of the obvious voids in quality assurance programs has been the lack of understanding of the quality assurance effort on the part of hospital management and governing boards. In many settings, quality assurance activities have been delegated to medical staff with some help from nursing and medical records. The language of audit was

sometimes mystifying, and results reported in medical terms did little to capture the interest of management and governing authorities.

Given the increasing scrutiny of the quality of practitioner performance by outside agencies, the attention to risk management concerns and the growing emphasis on cost-effectiveness, hospital administrators and governing boards need to take greater interest in quality assurance efforts, results and benefits. The JCAH believes that by making assessment requirements more flexible and by expanding problem solving to areas other than patient diagnosis and treatment, interest and communication on the part of management and governing authorities will be strengthened because they will now be able to suggest and observe the study of problems that they believe are in need of resolution.

#### **Relationship Between the New Standard and AMH Requirements and Accreditation Status**

The new standard is designed to complement the other statements related to quality and appropriateness of services found in the *Accreditation Manual for Hospitals*. This is consistent with the JCAH's goal of enabling hospitals to integrate review of all care provided, not just a small portion of it.

#### **Commentary**

Although the process of providing greater latitude to hospitals in conducting studies of patient care seems simple, the JCAH is receiving requests for both more detailed definitions of documentation acceptable to surveyors as well as assurance that surveyors will be flexible in their review of evaluation studies. Some of those who have submitted queries have expressed a preference for formulas or models to guide them.

Until the formal implementation of the new standard on January 1, 1981, surveyors will continue to review hospital quality assurance programs and will provide consultative assistance. To encourage innovativeness and flexibility in devising comprehensive quality assurance programs, JCAH surveyors and education programs will present model programs designed to aid hospitals in developing organizational structures and procedures for implementing the quality assurance program that will be most beneficial to patient care.

#### **REFERENCES**

1. Joint Commission on Accreditation of Hospitals (JCAH): *Accreditation Manual for Hospitals*. Chicago, JCAH, 1979, p xi
2. Porterfield JD: Evaluation of the care of patients: Codman revisited. *Bull NY Acad Med* 52:35-36, Jan 1976

#### **A Caveat**

REMEMBER, the fact that the patient has significant organic disease, either of the nervous system or elsewhere, does not mean that he does not have hysterical disease as well. The two disorders can coexist. . . . I have seen, in the past couple of years, three or four patients who went into coma and who were seriously ill. The coma occurred because they were psychologically incapable of dealing with their organic illness by any other defense mechanisms. So a variety of psychological illnesses can cause coma.

—JEROME B. POSNER, MD, *New York*

Extracted from *Audio-Digest Internal Medicine*, Vol. 26, No. 11, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 East Chevy Chase Drive, Glendale, CA 91206.